

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213512678			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Clermont Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT T MITCHELL JR 9 E BOSCAWEN ST WINCHESTER, VA 22601</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WINCHESTER CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2013</p> <p>SCC ID NO: 07217987</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 801 E MAIN ST</p> <p style="text-align: center;">CITY/ST/ZIP: BERRYVILLE, VA 22611</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: WILLIAM STAPLES TITLE: PRESIDENT ADDRESS: 6671 LORD FAIRFAX HWY CITY/ST/ZIP/CO: BERRYVILLE, VA 22611 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM STAPLES TITLE: PRESIDENT ADDRESS: 6671 LORD FAIRFAX HWY CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	DOUG LAWRENCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1361 WITHERS LARUE ROAD		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		
NAME:	JOHN P LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 398		
CITY/ST/ZIP/CO:	MILLWOOD, VA 22646		
NAME:	TIMOTHY MAYFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 HAWTHORNE DRIVE		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		
NAME:	MIKE MURPHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	309 MAIN STREET		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		
NAME:	PATRICIA ZONTINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1218 RODES CIRCLE		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		
NAME:	NICK REDDING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O.BOX 241		
CITY/ST/ZIP/CO:	MILLWOOD, VA 22646		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WILLIAM STAPLES	WILLIAM STAPLES, PRESIDENT	3/13/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			